



Association News

An Affiliate of the American Public Health Association

Winter 2006

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For submissions to
future issues,
contact
[Suzanne.marks@
ihs.gov](mailto:Suzanne.marks@ihs.gov)

NMPHA Welcomes New Executive Director

We have succeeded in finding a new Executive Director! Her name is Marsha McMurray-Avila and she comes to us highly recommended and with an enviable list of achievements. Marsha served as Executive Director for Albuquerque Healthcare for the Homeless for many years, has her heart in health promotion and wellness,

and has considerable experience in fundraising and collaborative work. Marsha will be starting January 1.

NMPHA's Executive Director has fundraising and grant writing as a priority. In the near term, Marsha will be getting an introduction to the legislative lobbying process, providing

support for the NMPHA Annual Conference, and learning the logistics and coalition work that are critical to this important role.

Please welcome Marsha. I am very glad to have her on board.

**Corazon Hazalon,
NMPHA President**

One Woman's Odyssey

**A Report on the American Public Health Association's 134th Annual Meeting
By Judy Costlow**

As I stepped off the plane in Boston's Logan International Airport, I was very nervous because I had no idea how to get to the Convention Center or to my friend's house where I was staying. Airport personnel were very helpful and directed me to the Silver Line where I could get a bus to the Convention Center. It was close to 6 pm when I arrived. Fortunately, there was someone at the registration desk so I was able to get my program and name tag. I managed to find the welcoming reception for participants and was happy to find there was still some food available. As I was eating, a friend from New Mexico appeared and said she wanted to go to the reception for the new Our Bodies Ourselves Menopause Book. Since I was one of the book's authors I thought it would be fun. The location of the reception was several blocks away so we set off in the dark with me dragging my suitcase. Once we finally found and were admitted to the building we found we could not ascend the elevator without first calling for permission. Luckily we had a cell phone! The reception was almost over when we arrived, but the women of the Collective greeted us very cordially. I was pleased

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One Woman's Odyssey: A Report on the American Public Health Association's 134th Annual Meeting

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to meet the editor with whom I had worked while writing the *Making Health Care Decisions Chapter*. After the reception, we trudged through the dark once more back to the Convention Center, where we caught the free shuttle bus to one of the downtown hotels. I flagged a taxi to take me to my friend's house.

Despite the explicit instructions I had to her house, the taxi driver insisted he knew where it was – he lived in the neighborhood. He would not listen to me as we drove up and down dead end streets. The truth was he had no clue where she really lived. I was dropped off on a very dark street and hoped it was the right one. When I saw the “no trespassing signs” and a huge fence with giant dogs I decided it was a good time to call my friend. As it turned out I was close to her house and she rescued me in her car. I fell exhausted into bed.

The next day there was a meeting of the Women's Caucus (of which I am a member and who was the sponsor of my panel) at 6:30 am at the Convention Center. I really tried to get there, but it took me an hour to go from my friend's house and there was no way I was even conscious at 5:30! I got to the Convention Center by 8:30 to attend my first session on Obesity Prevention. The day was a blur as I went from one panel to another. I took notes so I would remember it all later. The sessions included

Immigrants' Rights to Health Care in the US, Women's Rights as Human Rights around the World, and International Women's Health Issues. It was a very stimulating day, but I needed a pick-me-up. I decided to go to the Public Health Education and Health Promotion (PHEHP) Section Welcoming Reception.

As always, going to a health promotion event is fun. I ran into a couple of other New Mexicans so we went together. The PHEHP section had great food and a trivia game to play while eating. Plus, after you answered the trivia question you put it into a bag for the chance of a prize. We shared a table with some other folks from California and Illinois. We laughed a lot. Then, after an hour ride on the subway I arrived exhausted at my friend's house.

Tuesday dawned grey, foggy and soggy. I left for the convention center around 7:30 and was in time for the first 8:30 session. Today I went to another great variety of panels; The Impact of Media Messages and Content; Global Sexual and Reproductive Health Rights; APHA Film Festival; and Women's Voices in the Movement for National Health Care.

At the end of the day, I met my friend and we walked downtown and ate at the oldest, continuing restaurant/bar in the United States. It was fun. We met some Australian tourists who were visiting the USA for the first time. They were very funny with

observations of Americans. We caught the subway home and I fell into bed.

Wednesday, it was pouring rain. My friend took me on an automobile tour of the city, but we could hardly see anything due to fog and rain. The tour was abandoned and we headed for the Convention Center. This was my day to present our panel. We spent some time practicing and preparing for the afternoon's session. Prior to the panel, I attended a session on Health Disparities among Minority Women.

Our panel, **Finding a Healthy Voice in a World of Choice**, was the very last listed panel on the last day. We did not expect a big turnout and we were not disappointed. We had two audience members for each of the panelists. All of the people who attended said that this was a great panel and they were so sorry that we had this time slot. Still, we did get our information out to these few women and they were very appreciative. I was also asked by many women I met during the conference who could not attend to send them my talk by email – which I happily did.

As always, the Conference was educational, exciting and exhausting. I loved being there for the networking and the new information I learned. I am grateful for being allowed the time to go.



WANTED: A Few Good People

New Mexico Public Health Association is encouraging members to consider running for open board positions. We realize that most members are very busy in their work and personal lives. However, we guarantee that the sacrifice is rewarded by having your ideas and leadership help shape the organization.

Qualifications: Members who wish to be elected to office shall be active members of the Association for at least one-year. The President must be a member of the American Public Health Association. (Duties and qualifications outlined in by-laws as accepted April 2004):

The following offices are open in 2007:

**Please nominate
yourself or someone
you respect for these
leadership roles.**

Nomination Deadline February 1, 2007

Please send nominations to any member of the Nominating Committee:

Michelle Melendez
505.462.3939

MichelleMelendez@catholichealth.net

Rufus Greene
505.841.5841
Rufus.Greene@state.nm.us

Leigh Mason
505.314.0319
lmason@bernco.gov

President Elect

Duties: assist the President as requested and shall act in the absence of the President to conduct the business of NMPHA. The President-Elect shall automatically become President at the close of term as President-Elect.

Secretary

Duties: serve as secretary of the Association and of the Board and shall conduct such part of the correspondence of the Association as is assigned by the President. It is the responsibility of the Secretary to ensure that minutes of the Board meetings are taken and distributed to members of the Board.

Treasurer

Duties: The Treasurer shall collect dues from the members of the Association and have charge of the funds of the Association; fund disbursements shall be signed by the Treasurer. Upon transference of office of the treasurer, the Executive Committee will ensure an independent audit is conducted. The Treasurer shall furnish a

financial statement and all books, voucher, and necessary documents; and shall also furnish to the Association, at each annual conference, a financial statement of all receipts and disbursements since the last annual conference. The Treasurer shall maintain Section and Fiscal Agent Accounts and financial records for these accounts. With the assistance of the president and President-Elect, the Treasurer will prepare an annual budget. The budget will be presented for approval at the annual business conference. All payments made by the Treasurer shall be made known to the Board; payments over \$150 shall be discussed and approved by the Board.

Nominating Committee

Duties: Nominating Committee is responsible for obtaining a slate of candidates for officers of the Association; shall distribute ballots at least 30 days prior to the election; shall tally the ballots.

Free or not free ... that is the question

By Teresa Wagner, MS, RD/LD, Director of Dairy Confidence and Medical Outreach, Dairy Max Incorporated

As a registered dietitian and spokesperson for the National Dairy Council, I am increasingly asked regarding the health aspects of organic versus conventionally produced milk. As a health professional, it becomes important to be educated on this debate in order to encourage adequate key nutrient intake as supported by the USDA and American Dietetic Association (ADA). When evaluating health claims, research thus far does not support a health advantage of organic over conventionally produced milk for any segment of the population. In fact, strict government standards ensure that both types of milk are pure, safe and nutritious.

The good news is both organic and conventionally produced milk contain the same unique package of nutrients that make dairy foods an important part of a healthy diet. This contribution of key nutrients has been recognized by credible health organizations including the American Academy of Family Physicians, American Academy of Pediatrics, ADA, National Medical Association, American Cancer Society and American Heart Association, among others.

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References:

ADA Position:

www.eatright.org/cps/rde/xchg/ada/hs.xsl/home_4143_ENU_HTML.htm

Food and Drug Administration:

www.cfsan.fda.gov/~dms/pesrpts.html

USDA Organic Standards: www.ams.usda.gov/

USDA General Milk Safety Standards:

www.ams.usda.gov/dairy/stand.htm

Dairy Farming Today: www.dairyfarmingtoday.org

National Dairy Council: www.nationaldairycouncil.org

U.S. Surgeon General's Report, October 2005: U.S. Department of Health and Human Services, Public Health Service, Office of the Surgeon.

American Cancer Society:

www.cancer.org/docroot/ped/content/ped_3_2x_common_questions_about_diet_and_cancer.asp

MSNBC.com:

<http://www.msnbc.msn.com/id/14458802/from/ET/>

NMPHA Association News Submission Guidelines

Contributions to the *Association News* from NMPHA members are welcome, but the right is reserved to select material to be published and/or to edit material for length and clarity.

Unless otherwise specified, publication of any announcement or statement is not deemed to be an endorsement by the New Mexico Public Health Association of the views expressed therein, nor shall publication of any advertisement be considered an endorsement by the New Mexico Public Health Association of the product or service involved. Articles are not necessarily the opinion of the New Mexico Public Health Association nor its Executive Board. Submissions are not verified for accuracy.

All authors wishing to submit their manuscripts must do so electronically in Word format. Hardcopy submissions cannot be accepted. Submissions should be no more than 1,000 words in length.

Include the submitter's name and phone number in the event of questions. Include the submitter's/author's organizational affiliation if it should be included in publication.

Requests for reprints should be addressed to the editor who is responsible for

2007 Publication Schedule

Spring

Call for submissions: 2.26.07

Deadline for submissions:

3.12.07

Distribution: 3.26.07

Summer

Call for submissions: 5.29.07

Deadline for submission: 6.11.07

Distribution: 6.25.07

Autumn

Call for submissions: 8.27.07

Deadline for submission: 9.10.07

Distribution: 9.24.07

Winter

Call for submissions: 5.29.07

Deadline for submission: 6.11.07

Distribution: 6.25.07

Submit articles to
Suzanne.marks@ihs.gov

Free or not free ... that is the question

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Label statements on organic milk refer to farm management practices, not the milk itself. The definition of organic milk as set forth by the USDA includes four requirements which seem to be the root of the confusion from which questions arise.

The first question generally involves hormones. According to an article authored by Karen Collins, RD on MSNBC.com, milk that is labeled "USDA organic" must come from cows that have not been treated with bovine growth hormone (bGH) (also referred to as bST) to increase milk production. People who focus on this goal express concern that hormones in milk could raise the risk of hormone-related cancers, or lead to higher levels of an insulin-like growth factor (IGF-1) linked with cancer.

However, bGH is a hormone that naturally occurs in cows so any additional administration is only supplemental. bGH is a protein hormone, a trace amount of which is present in all milk including organic and rbST free. Just like any other protein, it is digested and therefore destroyed by enzymes and acid in our digestive tract. Dale Bauman, a professor of animal science at Cornell University, emphasizes that if IGF-1 were slightly higher in milk from bGH-treated cows, it represents a tiny fraction of the IGF-1 we all produce each day. IGF-1 promotes the natural growth and repair of major tissues, organs and bones. Bauman reports that we would have to drink 95 quarts of milk to equal the IGF-1 we make daily in our saliva and other digestive tract secretions.

There seems to be some confusion regarding hormones, which are naturally present in many foods of both plant and animal origin. Regarding insulin-like growth factor, or IGF-1, studies show that many factors can influence circulating blood levels of IGF-1 including age, sex, smoking, zinc intake, red meat and fish consumption, alcohol intake and intake of dietary fats and oils as well as overweight, lack of exercise, and diets too high in saturated fat, refined carbohydrates or total calories. What's more, the American Cancer Society and the FDA state there's no conclusive evidence of any link between IGF-1 and cancer.

Secondly, organic milk must come from cows not treated with antibiotics. If a cow from an organic herd is treated with antibiotics, she is not returned to the herd for a period of 12 months. In conventional herds, cows are separated from production until tests indicate antibiotics have cleared her system. Tanks of all types of milk are routinely tested to ensure they are free of antibiotics. Either way, no milk containing antibiotics is allowed into the food supply.

Third, organic cows' feed must be grown without pesticides. Whether organically or conventionally fed, the most recent FDA data available indicate that all of the milk tested was found to be completely free from pesticide residue. In fact according to the American Cancer Society, the term "organic" is popularly used to designate plant foods grown without pesticides and genetic modifications. At present, no research exists to demonstrate whether such foods are more effective in reducing cancer risk than are similar foods produced by other farming methods. Additionally, over the past 10 years, milk and milk products consistently tested far below established tolerance levels and consistently were lowest compared to other agricultural products.

The final requirement for organic milk requires "access to pasture". Consumers often assume that cows graze in fields most of the year. However, the current standard does not state a specific length of pasture time. A cow can graze in pasture only a limited time and the milk can qualify as "organic".

The bottom line from a health and nutrition perspective is that the majority of Americans are not meeting their calcium needs with fractures and osteoporosis incidence increasing. In fact, 90% of girls and 70% of boys in our country do not receive adequate calcium intake. Knowing that milk and dairy foods contribute approximately 75% of the calcium in the American diet, both government and medical organizations confirm the importance of encouraging patients to include dairy foods in their diet no matter what the source. The personal choice of which type they purchase whether organic, conventional, low-fat, lactose-free or flavored should be solely based on preference and economic feasibility to allow inclusion of a wide variety of naturally nutrient rich foods in the diet from all of the basic food groups. Our patients may only need education that they are free to make their own choice as conventionally produced and organic milk are both equally pure, safe and nutritious.



Your New Mexico Public Health Association Executive Board

President	Corazon Halasan	Santa Fe	476.3676	Corazon.halasan@state.nm.us
President Elect	Cynthia Serna	Albuquerque	262-6024	Cynthia.serna@cancer.org
Secretary	Judith Seltzer	Santa Fe	989.1486	Jrseltzer03@comcast.net
Treasurer	Toby Rosenblatt	Santa Fe	983.1989	tobysolarage@aol.com
Executive Director	Marsha McMurray-Avila	Albuquerque	266-7683	mcavila3@comcast.net
Affiliate Representative	Cheryl Ferguson	Albuquerque	856.1403	Cheryl@nmpolicymatters.com
Region 1 Representative	Milagros Padilla	Gallup		Milap55@hotmail.com
Region 1 Representative	Dottie Ruple	Bloomfield	634-0229	dorothy.ruple@state.nm.us
Region 2 Representative	Katherine Mueller	Santa Fe	476.2665	Katherine.mueller@state.nm.us
Region 2 Representative	Valery Henderson	Santa Fe	476.2645	Valery.Henderson@state.nm.us
Region 3 Representative	Dana Schultz Millen	Albuquerque	856.8359	dsmillen@msn.com
Region 4 Representative	Theresa Teti	Portales	226-6456	terryteti@msn.com
Region 5 Representative	Benny Jacquez	Las Cruces	646.3441	jacquez@nmsu.edu

The NMPHA website is a wealth of information for anyone interested in promoting the health of individuals or populations.

The website currently includes such resources as:

- ☞ Information about the *2007 NMPHA Annual Conference* including Abstract Submission Forms and Guidelines for Writing Abstracts
- ☞ Spring 2007 MPH courses offered by University of New Mexico
- ☞ Past issues of the *Association News*

<http://www.nmpha.org>

Finding a healthy voice in a world of choice: A report from a panel presentation to The Women's Caucus of the American Public Health Association

By Judy Costlow

I was invited to put together a panel for The Women's Caucus of APHA. I called the panel, Finding a Healthy Voice in a World of Choice. We talked about making health care decisions at the various stages of a woman's life. One panelist spoke on health care choices facing adolescent women, I spoke on the dilemma of health care choices at menopause, another panelist spoke on health information and choices for older women and the last panelist spoke on the drug companies' influence on our decisions throughout our lifetimes. Following is a synopsis of my talk on the dilemma of health care choices at menopause.

dessert instead of cake, to quit smoking – or to continue smoking. Our lifestyles can have profound effects on our well being and reduce (or increase) our need for medical care. Regular exercise, healthy eating, and stress reduction may decrease some problems associated with the menopause transition.

As we move into our middle years, there is one defining event that will happen to all women who live long enough. It is menopause. Menopause is the sign that the reproductive part of our life is ending. Puberty, which marked the start of our reproductive years, has much in common with menopause. They are both transitional times. All of us will experience them differently, but both are a normal part of our lives, and both will end. Time is our ally. Menopause can be challenging

because it usually comes when we are faced with other life changes – children leaving home, divorce, widowhood, parents needing care. Also, menopause is viewed as a “disease” by our medical system. Menopause has been medicalized even though it is a normal, natural part of women's lives. Using the term “symptoms,” for example, makes menopause sound like an illness; a word like “signs” is more neutral.

For more than 80 years menopausal women have been treated by hormonal (estrogen and progesterone) drugs that were never scientifically proven to be safe.

In 1996, the National Institutes of Health, to study the effects of these drugs on women, undertook an

We make decisions that affect our health constantly. For example, we may decide to have fresh fruit for

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evidence-based study. The study was stopped early in 2002, because the risks were too high. Immediately, women stopped taking the drugs. Drug manufacturers saw their drug sales drop, causing them to search for and advertise the next drug for women to use during this transitional period.

Knowing whether a health concern we are experiencing is related to menopause or not can be difficult. Sometimes our health care providers, and we ourselves, assume that all our health problems are related to menopause just because we are of a certain age. A provider may suggest a treatment without understanding the true cause of the problem. Hot flashes, night sweats, insomnia, and vaginal dryness are some potential signs clearly related to menopause by research.

Our youth-oriented culture often separates people by age. Getting older is equated with loss of power, loss of status, and disease. We may internalize anti-aging attitudes, which make us vulnerable to market pressures pitching cosmetic surgery and youth-prolonging medications. While most claims for hormone therapy have now been disproved, there is still plenty of advertising for new products and procedures that address women's common dislike of looking older.

Medical interventions often affect us in ways that go beyond the specific therapeutic goal we may have had in mind. In fact medical interventions often lead to further drug use as we get older – osteoporosis drugs, cholesterol drugs, high blood pressure drugs.

Gathering and evaluating information is crucial to making good decisions. A good place to start is with our friends and family members. With menopause, as with our periods, pregnancy, and childbirth, the range of “normal” experiences is very wide. Many women find formal and informal support groups to be helpful.

Finding a healthy voice in a world of choice

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Such groups help us feel that we are not alone, give us support for our decisions, and offer additional ways of thinking about our situations.

Health care providers can be an important source of information. However, they often are constrained by limited time; bureaucratic rules; financial incentives from employers to restrict services; personal biases about treatments which are influenced by drug companies through free drug samples or prejudices about certain groups of people; lack of knowledge about prevention, self-care, and alternative treatments; and concerns about liability.

We may find that gathering information from libraries, websites, or other sources is relatively easy, but evaluating it is harder. Studies conducted through 2002 found that between 20 and 90 percent of health information on the Internet was incomplete or inaccurate. Separating questionable or misleading information from accurate and reliable material can be daunting.

Pharmaceutical companies and the corporate media advertise drugs targeting women who may have vague complaints to encourage us to ask our doctors for the drugs advertised. These advertisements are misleading and can cause harm.

No drug is completely safe. Some adverse effects occur so rarely that they become apparent only when millions of people have taken a drug. Since every year the number of drugs on the market increases, it is important to ask your provider to explain why she or he has selected a particular drug for you. Your provider may have been given information about the drug from a company promoting its use.

Drugs do not have side effects, they have effects. The term “side effects”

implies that the negative consequences of taking a medication are side issues of less importance than the potential benefits. In fact, so-called “side effects” are the direct effects of taking a drug and should never be treated lightly. They can be deadly. Many thousands of people die each year from iatrogenic, or doctor caused, diseases.

As we get older, health care providers, the media, and friends often urge us to have screening tests for a variety of conditions and diseases. Screening tests are not prevention nor are they treatment.

Screening tests are recommended for people who do not have any symptoms, but are thought to be more likely, by age or gender for example, to be at risk for a disease. Long-term outcomes may or may not be improved among those who are encouraged to have screening tests. There are several potential problems with screening tests. Some are not offered when they should be; some may cause harm (for example, resulting in an unnecessary biopsy); and some are being done frequently in healthy people without risk factors. Before choosing to be screened for any condition, learn what you can about the basis for screening and follow-up care.

Actively making decisions, rather than passively letting things happen to us, is self-affirming and reinforcing. A good decision involves gathering and evaluating information, weighing what's important to us, finding the resources we need to maximize the quality of care we receive, and dealing with the associated costs. And remember, in almost all our health care decision-making we have time to research and make a decision that works for us.

NMPHA Membership Application

Please print clearly

Name _____ Job Title: _____

Address choice for mailings (*Association News*, etc.):

Street: _____ Home phone (with A/C): _____

City: _____ Work phone (with A/C): _____

State: _____ Zip code: _____ Email address: _____

County: _____

Membership Type	New	Renewal
_____ Organizational	\$100	\$100 (allows up to three members to attend annual meeting at member rates)
_____ Friend of NMPHA	\$50	\$100
_____ Regular*	\$30	\$40

*Membership is \$30 annually for those who earn \$25,000 or less per year. No proof of income is needed.

_____ Full-time College Student - \$10 _____ High School Student - \$2

_____ Promotor(a)/Community Outreach Worker - \$10 _____ Retired - \$15

Donations to NMPHA:

\$_____ Pressman Fund (In memory of Ann Pressman, MD, supporting training for public health workers and students.)

\$_____ NMPHA (Donation to further NMPHA's public health activities.)

Total enclosed \$_____ (check or money order only)

Please indicate your section of interest. If you are interested in more than one section, rank them in order of preference, with "1" being the section of greatest interest. Also include any area of interest not listed.

_____ Social Determinants of Health _____ Other: _____

_____ Environmental Justice/Equity

_____ Universal Access to Health Care

I am willing to participate in the following committees:

_____ Membership _____ Annual Meeting _____ Policy _____ Legislative
 _____ *Association News* _____ Awards and Scholarships _____ Media

Are you a member of the American Public Health Association (APHA)? Yes _____ No _____

Do you want to be added to the NMPHA electronic mailing list? Yes _____ No _____ Already on _____

Please note the names of your state senator and representative, and your senate and house district numbers (if known):

Senator _____ District Number: _____

Representative: _____ District Number: _____

Please mail completed membership application and dues to:
 NMPHA, PO Box 26433, Albuquerque, NM 87125

Upcoming Public Health Events and Learning Opportunities

New Mexico Public Health Association 2007 Annual Conference Albuquerque April 4-6, 2007



The week of April 2-6, 2007, is National Public Health Week. Mark your calendar and plan to join us for a stimulating experience and opportunity to network with public health employees and advocates from all over the state!

The 2007 conference theme is "***Make Public Health a New Mexico Priority.***" An array of workshops and presentations will be offered that not only bring everyone up-to-date on where we are with NMPHA's priority issues of health care access, environmental health, poverty, substance abuse, health disparities, but take us a step further by exploring how NMPHA can move these critical public health issues to the top of the list of priorities for New Mexico decision makers, community leaders, the news media, business community, and New Mexico's diverse population.

In order to make this a successful conference that engages the interest and participation of NMPHA members and potential members, we need your help. If you have an interest in serving on the Conference Planning Committee or any of the subcommittees (Abstracts, Speakers, Social, Fundraising, Room Monitors, etc.), please contact Cynthia Serna at (505) 262-6024 or Cynthia.serna@cancer.org.

☞ Remember to send any news of upcoming workshops, community meetings, conferences, health councils, and any other public health-related events to the NMPHA calendar at website_admin@nmpha.org

To see how the calendar looks, please visit <http://www.nmpha.org/calendar.htm>



**NM Public Health Association
Association News
P. O. Box 26433
Albuquerque, NM 87125**